

**SAMPLE FORM U**

**REQUEST FOR DISMISSAL OF APPEAL  
(CIVIL CASE)**

## **REQUEST FOR DISMISSAL OF APPEAL (CIVIL CASE) INSTRUCTIONS**

If you wish to abandon your civil appeal **AFTER** the record is filed, you should file a written Request for Dismissal of Appeal (Civil Case) form in the **Court of Appeal**. Dismissal of the appeal is discretionary with the Court of Appeal.

This form is available online in Adobe Acrobat PDF format and may be filled out electronically for free at <http://www.courtinfo.ca.gov/cgi-bin/forms.cgi>. Select "Appellate" forms, then click on Form APP-007.

### **Filling out the Request for Dismissal of Appeal (Civil Case) form:**

#### **Caption**

- (1) If you are appealing a case from San Diego or Imperial County, fill out the top box of the form as follows: "Court of Appeal, Fourth Appellate District, Division One." Indicate the Court of Appeal case number and the Superior Court case number in the boxes to the right.
- (2) In the "Attorney or Party Without Attorney" area at the top of the form, fill out your name, mailing address, and telephone number where you can be reached during the day.
- (3) In the next box down, indicate your name next to "APPELLANT" and the responding party's name next to "RESPONDENT."

#### **Dismissal Request**

Write in the date your Notice of Appeal was filed. At the bottom of the form, write the current date, type or print your name legibly, and sign the form.

#### **Page Two (Proof of Service)**

Have someone over the age of 18 who is not a party to the action serve the Request for Dismissal and fill out the Proof of Service on page 4 of the form. See instructions accompanying [Sample Form C](#).

**File:** Original plus 3 copies with  
Court of Appeal

Provide an extra copy to be file-stamped  
for your file.

**Serve:** All counsel  
All self-represented parties

## TO BE FILED IN THE COURT OF APPEAL

APP-007

COURT OF APPEAL, _____ APPELLATE DISTRICT, DIVISION _____	Court of Appeal Case Number (if known): Superior Court Case Number:
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):  _____  TELEPHONE NO.: E-MAIL ADDRESS (Optional): FAX NO. (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
APPELLANT: RESPONDENT:	
<b>REQUEST FOR DISMISSAL OF APPEAL (CIVIL CASE)</b>	

The undersigned appellant hereby requests that the appeal filed on (date)

in the above entitled action be dismissed.

Date:

 \_\_\_\_\_  
 (TYPE OR PRINT NAME)

 \_\_\_\_\_  
 (SIGNATURE OF APPELLANT OR ATTORNEY)

**NOTE: File this form in the Court of Appeal if the record on appeal has already been filed in the Court of Appeal. If the record has not yet been filed in the Court of Appeal, you cannot use this form; you must file an *Abandonment of Appeal ((Unlimited Civil Case) (form APP-005)* in the superior court.**

CASE NAME:	CASE NUMBER:
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NOTICE: A copy of this document must be mailed or personally delivered to the other party or parties to this appeal. YOU MAY NOT PERFORM THE MAILING OR DELIVERY YOURSELF. You must have a person who is at least 18 years old complete the information below and mail (by first-class mail, postage prepaid) or personally deliver the front and back of this document. When the front and back of this document have been completed and a copy mailed or personally delivered, the original may then be filed with the court.

### PROOF OF SERVICE

☐ Mail    ☐ Personal Service

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
2. My residence or business address is (*specify*):
3. I mailed or personally delivered a copy of the *Request for Dismissal of Appeal (Civil Case)* as follows (*complete either a or b*):
  - a. ☐ **Mail.** I am a resident of or employed in the county where the mailing occurred.
    - (1) I enclosed a copy in an envelope **and**
      - (a) ☐ **deposited** the sealed envelope with the United States Postal Service, with the postage fully prepaid.
      - (b) ☐ **placed** the envelope for collection and mailing on the date and at the place shown in items below, following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service, in a sealed envelope with postage fully prepaid.
    - (2) The envelope was addressed and mailed as follows:
      - (a) Name of person served:
      - (b) Address on envelope:
      - (c) Date of mailing:
      - (d) Place of mailing (*city and state*):
  - b. ☐ **Personal delivery.** I personally delivered a copy as follows:
    - (1) Name of person served:
    - (2) Address where delivered:
    - (3) Date delivered:
    - (4) Time delivered:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (TYPE OR PRINT NAME)	<div style="display: flex; align-items: center; justify-content: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> </div> (SIGNATURE OF DECLARANT)
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